



Acknowledgement of Candidate's Intention to Qualify

SUPERVISOR
OF ELECTIONS

2020 JUN -9 PM 2:29

WITH (OR WITHOUT) OPTION TO OPEN A CAMPAIGN ACCOUNT

(Special Districts, Community Development Districts)

ST JOHNS COUNTY
VICKY OAKES

Name: SAMUEL N. BARRERES
(Print Name of Candidate)

Office Sought:

☒ Special District: SAINT JOHNS COUNTY AIRPORT AUTHORITY GROUP 4
(Office and Seat #)

☐ Community Development District: _____
(CDD Name and Seat #)

Campaign Account:

☒ **I AM NOT** going to open a campaign account during my candidacy.

I, SAMUEL N. BARRERES
(Print Name)

will not be opening a campaign account. However, I understand that, in the event I choose to do so at a later date, I am required to file the requisite forms for this office with the SOE before opening the account. I also understand that a Campaign Treasurer's Report(s) must be filed electronically via the SOE website according to the appropriate reporting schedule.

☐ **I AM** going to open a campaign account during my candidacy.

I, _____
(Print Name)

understand that, before opening a campaign account, I am required to file the requisite forms for this office with the SOE. I also understand that a Campaign Treasurer's Report(s) must be filed electronically via the SOE website according to the appropriate reporting schedule.

[Signature]
Candidate Signature

6-9-2020
Date

8050 AIRS. #607
Address

SAINT AUGUSTINE, FL 32080
City / State / Zip

904-495-4522
Phone Number

SAMBARRERES@MSH.COM
E-Mail Address